

Sworn Statement to Prohibit Insecticide Spraying

I, Dr. _____ do solemnly swear that the below named person is in my medical care, and it is my professional medical opinion that said person could possibly suffer serious physical harm should he/she come in contact with fumes or pesticide residue from the spraying of the insecticides Merit 2F (imidacloprid) and Tempo Ultra SC (beta cyfluthrin).

I further swear that I have read and understand the education material provided at the Internet websites: <http://npic.orst.edu/factsheets/imidacloprid.pdf> and <http://extoxnet.orst.edu/pips/cyfluthr.htm> regarding the affects of Merit 2F (imidacloprid) and Tempo Ultra SC (beta cyfluthrin) on the human body.

This statement is provided this date, _____ in support of my patient

Named: _____

Who lives at: _____ phone _____

The foregoing sworn witness statement must be received by the Utah Department of Agriculture and Food via mail, fax or e-mail one week prior to June 1, 2007. Please direct all correspondence or inquires to Clair Allen, (801) 538-7180, or 538-4912, fax (801) 538-7189, e-mail clairallen@utah.gov.

Utah License No. _____

Witness _____ Date _____ Doctor _____ Date _____

Patient _____ Date _____